	Со	nnecticut Depa	rtment o	of Public H	lealth	Drir	nking	g Wa	ater S	Section	n	
		Water Qua					•	_				
PWS ID	PW:	S Name		TOTTING WITH	3011	_		_			pe Pr	imary Source
CT067002		CKLEDGE COUNTRY CLUI	 B			N		2		Р		GW
Local Add	dress (where	e applicable)		Service	Residen	tial Co	mmerc	1	dustrial	Comb	ined	Agricultural
180 WEST	T STREET			Connections			1					_
Towns Se	rved: HEBR	ON			I							
			Moni	toring Requ	iireme	nts						
Water Sy	ystem Faci	lity: DISTRIBUTION S	YSTEM (WSF	ID: 00600)								
Total Co	oliform (3:	100)							1 r	outine (	RT) p	er quarter
Sam	pling Point	(Sampling Point ID)			Monitori	ing Perio	od C	Collecti	on Perio	od Co	mpli	ance Status
Seled	ct from Inve	entory of Active Sampling	Points		10/1/18 -	12/31/	18				Co	mplete
					1/1/19 -	3/31/1	9				Co	mplete
					4/1/19 -	6/30/1	9					
					7/1/19 -	9/30/1	9					
Physical	l Paramete	ers (PPS)							1 r	outine (	RT) p	er quarter
Sam	pling Point	(Sampling Point ID)			Monitori	ing Perio	od C	Collecti	on Perio	od Co	mpli	ance Status
Seled	ct from Inve	entory of Active Sampling	Points		10/1/18 -						Co	mplete
					1/1/19 -						Co	mplete
					4/1/19 -							
					7/1/19 -	9/30/1	.9					
		lity: ENTRY POINT (V	VSF ID: 00700	0)								
	And Nitrit	<u> </u>									_	T) per year
	-	(Sampling Point ID)			Monitori			Collecti	on Perio	od Co		ance Status
ENTF	RY POINT (3	)			1/1/18 -							mplete
					1/1/19 -						Co	mplete
					1/1/20 -	12/31/2	20					
		Water Sy	ystem Faci	ility and Sar	npling	Point	t Inve	entor	У			
Water								otal	Lead a			
-		stem Facility		t Sampling Poi	nt			-	Coppe			Stage
Facility ID			ID	Description			tus	Rule	Rule Ti	er Asbe	stos	WQP 2 DBPF
00600	DISTRIBU	TION SYSTEM	4	DISTRIBUTION				Υ				
				M WITHIN 5 SER								
			UPSTREAM	WITHIN 5 SER		N A	4					
00700	ENTRY PO	INT	3	ENTRY POINT		P						
21131	WELL		2	WELL		<i>F</i>	4					
			Co	ntact Inforr	mation							
Name				Organization						Job 7	itle	
Mr. Willia	am E. Ande	rson		Blackledge Coun	try Club I	nc.		Mai	nager			
Mailing A	ddress Line	One	Mailing Addre	ess Line Two				Cit	ty	Sta	te	Zip Code
180 West	Street						Hebro	n		C-	Γ	06248
							1	_				

Emergency Phone Email Address

Bill@blackledgecc.com

Mobile Phone

**Business Phone** 

860-228-1044

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Month	or mg am	a Con	ıpı	lance c	ciicuui	C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0670024	BLACKLEDGE COUNTRY CLUB				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
180 WEST STRE	Connections			1				

Towns Served: HEBRON

# Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C		nt Dan autor	- L - C	: D., l. l.: -	TT-	alda D	!	1-1 1	Makasa	C -	aki a -a	
C(		ut Departmen									ction	
	Wa	ter Quality M	onit	oring a	nd	Comp	lia	nce So	chedule	e		
PWS ID PW	/S Name					Cla	assifi	cation P	opulation	Own	er Type F	rimary Source
CT0670054 GA	Y CITY STATE	PARK/PICNIC AREA W	/ELL				N	С	33		S	GW
Local Address (whe	re applicable)			Service	R	esidential	Coı	mmercial	Industria	ıl (	Combined	d Agricultural
ROUTE 85 NORTH				Connection	าร	1						
Towns Served: HEB	RON											
		M	onit	oring Red	quir	ement	S					
Water System Fac	cility: DISTR	RIBUTION SYSTEM (	WSF I	D: 00600)								
Total Coliform (3	3100)								1	rout	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Mo	onitoring	Perio	od Col	lection Peri	iod	Compl	iance Status
Select from Inv	entory of Act	ive Sampling Points			4/	/1/19 - 6/3	30/1	9				
					7/	/1/19 - 9/3	30/1	9				
<b>Physical Paramet</b>	ters (PPS)								1	rout	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Mo	onitoring	Perio	od Col	lection Peri	iod	Compl	iance Status
Select from Inv	entory of Act	ive Sampling Points			4/	/1/19 - 6/3	30/1	9				
					7/	/1/19 - 9/3	30/1	9				
Water System Fac	cility: ENTR	Y POINT (WSF ID: 0	0700)									
<b>Nitrate And Nitri</b>	te (NOX)									1 r	outine (	RT) per year
Sampling Poin	t (Sampling P	oint ID)			Mo	onitoring	Perio	od Col	lection Peri	iod	Compl	iance Status
ENTRY POINT (	3)				1/	1/18 - 12/	31/1	L8	4/1-9/30		C	omplete
					1/	1/19 - 12/	31/1	L9	4/1-9/30			
					1/	1/20 - 12/	31/2	20	4/1-9/30			
		Oth	er C	ompliand	ce S	chedul	es					
Compliance Schedu	le Activity					Due	. Dat	te	Achiev	ved E	Date	
SEASONAL START U	P COMPLETIO	N				4/1	/201	.9				
		Public	Not	ification	Red	quirem	ent	ts				
			С	ompliance		Notice	<u>P</u>	ublic Not	<u>ification</u>		PN Cer	<u>tification</u>
Violation/Situation				Period		Tier	Red	quired	Performed	l Di	ue to DPH	Received 1
Physical Parameters	s M&R Violatio	on	7/1,	/14 - 9/30/14	4		11/2	25/2015		1	2/5/2015	
		Water System	Facili	ity and Sa	amp	oling Po	oint	Inven	tory			
Water								Tota	al Lead a	and		
*	ystem Facility		Point	Sampling P				Colifo				Stage
Facility ID		ID		Description			Sta			Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM			DISTRIBUTI			Δ					
				WITHIN 5 S			Δ					
		UPSTRI	AM	WITHIN 5 S		CE CON	Δ					
00700 ENTRY P	OINT	3		ENTRY POIN	NT		Δ					
21132 WELL		2		WELL			Δ	١				
			Con	tact Info	rma	ation						
Name			0	rganization							Job Title	
Mr. David Cooley			D	eep-Enginee	ring (	Jnit			Supv Civil E	Engir	neer	
Mailing Address Lin	e One	Mailing A	Addres	s Line Two					City		State	Zip Code
163 Great Hill Road	T							Portland			СТ	06480
Business Phone	Extension	Fax		le Phone	Eme	rgency Ph	one					
860-342-2215		860-344-2560	860-2	205-7552	86	0-424-333	33	david.co	oley@ct.go	V		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quarty Month	Ji ilig alli	a Gon	ıpı	iance c	ciicaai	·C	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0670054	GAY CITY STATE PARK/PICNIC AREA WELL				NC	33	S	GW
Local Address (w	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 85 NORT	TH .	Connections	1					

Towns Served: HEBRON

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Mon				_			ection	
PWS ID PWS Name Classification Population Owner Type Primary Source									Primary Source
СТ0670074	GILEAD CONGREGATIONAL CHURCH				NC	25		Р	GW
Local Address	(where applicable)	Service	Resider	itial	Commerci	al Industr	ial	Combine	d Agricultural
672 GILEAD RO	)AD			1					
Towns Served:	owns Served: HEBRON								

0,2 0,22, 0 1.0, 0			_			
Towns Served: HEBRON	,	•		'	·	
M	Ionitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM (	(WSF ID: 00600)					
Total Coliform (3100)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
Select from Inventory of Active Sampling Points		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Total Coliform (3100)				1 1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
Select from Inventory of Active Sampling Points		11/1/18 - 11	1/30/18		Cor	nplete
		12/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 1/	/31/19		Cor	nplete
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
DISTRIBUTION SYSTEM (4)		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 :	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
Select from Inventory of Active Sampling Points		11/1/18 - 11	1/30/18		Cor	nplete
		12/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 1/	/31/19		Cor	nplete
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Public	c Notification R	Requirem	nents			
	Compliance	Notice	Public No	otification	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
			0/45/2044		0/25/2011	
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/15/2011		9/25/2011	

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		stage DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21134	WELL	2	WELL	Α									

	Water Quality Mon	itoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0670074	GILEAD CONGREGATIONAL CHURCH				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
672 GILEAD RO	DAD			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: HEBRON

				<b>Contact Inf</b>	ormation				
Name				Organization	า			Job Title	
Gilead Society Of									
Mailing Address Lin	ie One		Mailing Ad	ddress Line Two			City	State	Zip Code
672 Gilead Street						Hebron		СТ	06248
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
860-228-3077		860-228-	3077						
Contact Role(s): O	wner		·						
Name				Organization	า			Job Title	
Mr. Terry F Lukow				Gilead Cong	regational Church		Trustee		
Mailing Address Lin	ie One		Mailing Ad	ddress Line Two			City	State	Zip Code
672 Gilead Street						Hebron		СТ	06248
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
860-593-2274				860-228-3435		lukow@	comcast.net		
Contact Polo(s): A	dministrativo	Contact Loc	al Contact						

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section											
	Water Quality Mo	onitoring and	d Con	npliance :	Schedul	e					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source				
CT0670094 HEBRON CHURCH OF HOPE NC 25 P GW											
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural				
1 MAIN STREE	Т	Connections		1							
Towns Served:	: HEBRON			·							
Monitoring Requirements											

Towns Served: HEBRON							
M	onitoring Req	uirement	ts				
Water System Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)						
Total Coliform (3100)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Compliance Status		
Select from Inventory of Active Sampling Points		10/1/18 - 1	2/31/18		Cor	nplete	
		1/1/19 - 3,	/31/19		Cor	mplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	d Complia	ınce Status	
Select from Inventory of Active Sampling Points		10/1/18 - 1	2/31/18		Cor	nplete	
		1/1/19 - 3,	/31/19		Cor	nplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Water System Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year	
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	d Complia	ınce Status	
ENTRY POINT (3)		1/1/18 - 12	2/31/18		Cor	nplete	
		1/1/19 - 12	2/31/19				
		1/1/20 - 12	2/31/20				
Water System Facility: WELL (WSF ID: 21136)							
E. Coli (3014)				<b>1</b> re	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	d Complia	ınce Status	
WELL (2)		10/1/18 - 1	2/31/18		Cor	nplete	
		1/1/19 - 3,	/31/19		Cor	nplete	
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Public	Notification I	Requiren	nents				
	Compliance	Notice	Public I	<u>Notification</u>	PN Certi	fication	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	7/1/14 - 9/30/14	2	12/25/201	.4	1/4/2015		
Physical Parameters M&R Violation	7/1/14 - 9/30/14		11/25/201	.5	12/5/2015		
Water System I	Facility and Sa	mpling P	oint Inv	entorv			

	Compliance	Notice	Public No	<u>tification</u>	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Total Coliform M&R Violation	7/1/14 - 9/30/14	2	12/25/2014		1/4/2015							
Physical Parameters M&R Violation	7/1/14 - 9/30/14		11/25/2015		12/5/2015							
Water System	Water System Facility and Sampling Point Inventory											
Water Total Lead and												

	water system racinty and sampling rount inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21136	WELL	2	WELL	Α							

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1			
PWS ID	PWS Name				Classificatio	Population	Owner Type	Primary Source
СТ0670094	HEBRON CHURCH OF	HOPE			NC	25	Р	GW
Local Address (\	vhere applicable)		Service	Residen	tial Comme	cial Industr	ial Combin	ed Agricultural
1 MAIN STREET			Connections		1			

Towns Served: HEBRON

		Co	ontact Inf	ormation				
Name				า		Job Title		
Pastor Kevin Zufall					Pastor			
Line One Mailing Ado			ess Line Two		City	State	Zip Code	
					Hebron	СТ	06248	
Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address			
					pastor.kevin@hebronchurchofhope.org			
			e One Mailing Addr	e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Pastor  e One Mailing Address Line Two City  Hebron  Extension Fax Mobile Phone Emergency Phone Email Address	Organization         Job Title           Pastor           e One         Mailing Address Line Two         City         State           Hebron         CT         CT           Extension         Fax         Mobile Phone         Emergency Phone         Email Address	

# Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0670144 CAMP HEMLOCKS - EASTER SEALS (CORE WELL)					NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
<b>85 JONES STREE</b>	Т	Connections			1			

Towns Served: HEBRON

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	<u> </u>		
Total Coliform (3100)	<b>,</b>	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
, , , , , , , , , , , , , , , , , , ,	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		·
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other	Compliance	Schedules
	Compliance	Julicaules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2020

F	Public	<b>Notification F</b>	Requiren	nents

Compliance Notice Public Notification PN Certification

Violation/Situation

Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Page 9

	Water Quality Mo	onito	oring and	d Con	np	liance So	chedul	e	
PWS ID	PWS Name					ssification P	opulation	Owner Type	Primary Source
СТ0670144	CAMP HEMLOCKS - EASTER SEALS (CORE WELL)					NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial	Commercia	Industri	al Combine	d Agricultural
85 JONES STREET			Connections			1			
Towns Served:	HEBRON								
Physical Param	eters M&R Violation	2/1/2	18 - 2/28/18	3		6/4/2019	reijenne	6/14/201	9
Total Coliform	M&R Violation	2/1/2	18 - 2/28/18	3		6/4/2019		6/14/201	9
Total Coliform	M&R Violation	9/1/2	18 - 9/30/18	3		11/13/2019		11/23/201	.9
Total Coliform	M&R Violation	8/1/2	18 - 8/31/18	3		11/13/2019		11/23/201	.9
Physical Param	eters M&R Violation	9/1/2	18 - 9/30/18	3		11/20/2019		11/30/201	.9
Physical Param	eters M&R Violation	8/1/2	18 - 8/31/18	3		11/20/2019		11/30/201	.9

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory										
Water					Total	Lead and					
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage		
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21140	WELL	2	WELL	Α							
55509	ATMOSPHERIC TANKS										
55511	HYDROPNEUMATIC TANK										
55545	BOOSTER PUMP										

			Contact Inf	ormation					
Name			Organization	1		Job Title	9		
Easter Seals of Ct, I	nc								
Mailing Address Line	e One	Mai	ing Address Line Two		City	City State Z			
85 Jones Street		PΟ	Box 100		Hebron	СТ			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
0									
Contact Role(s): On Name	wner		Organization	1		Job Title	2		
. ,	wner		Organization Easter Seals	n Camp Hemlocks		Job Title	2		
Name Mr. Chris Tennis		Mai		Camp Hemlocks	City		Zip Code		
Name	e One	Mai	Easter Seals	Camp Hemlocks	City		-		
Name Mr. Chris Tennis Mailing Address Line	e One	Mai Fax	Easter Seals	Camp Hemlocks	Hartford	State	Zip Code		

Contact Role(s): Administrative Contact, Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut Department of	Dublic L	[aalth	D	Connecticut Department of Public Health Drinking Water Section										
	Connecticut Department of	Fublic II	lealui	וע	ınıkıng	vvater	Section								
	Water Quality Monit	oring and	d Con	npl	iance S	chedul	e								
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source							
CT0670154	MARY & ALLIES RESTAURANT				NC	25	Р	GW							
Local Address	(where applicable)	Service	Residen	tial	Commercia	l Industri	al Combine	ed Agricultural							
291 CHURCH S			1												

291 CHURCH STREET

Towns Served: HEBRON						
N	Ionitoring Requ	irement	ts			
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/18 - 12/31/18  10/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/18 - 12/31/18  Complete Collection Period Collection Period Compliance Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/18 - 12/31/18  Complete 1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Vater System Facility: ENTRY POINT (WSF ID: 00700)						
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19			
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19			
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ince Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19			
		1/1/20 - 12	/31/20			
Publi	c Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/11 - 12/31/11	2	4/8/2012		4/18/2012	

r abile Notification Requirements										
	Compliance	Notice	Public No	tification_	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	10/1/11 - 12/31/11	2	4/8/2012		4/18/2012					
Physical Parameters M&R Violation	10/1/11 - 12/31/11	3	3/9/2013		3/19/2013					

	Wa	ter System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21141	WELL	2	WELL	Α					

Contact Information											
Name				Organizatio	on	Job Title					
Mr. Michael D. Gra	nato			Mary&Aili's	Restaurant		Manager				
Mailing Address Lin	e One		Mailing A	ddress Line Two	0		City	State	Zip Code		
291 Church St						Amston		СТ	06231		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address					
860-228-3164		860-228-0	)495		860-729-2146						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	t Depa	rtment (	of Public	: Health	ı Drii	nking	g Water	Sect	ion	
	Wate	r Qua	lity Mon	itoring a	and Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner	Type F	Primary Source
CT0670154 N	//ARY & ALLIES RE	STAURAN	Т			N	IC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	ial Co	mbined	d Agricultural
291 CHURCH STRE	ΕT			Connectio	ons		1				
Towns Served: HE	BRON				·			·			
Contact Role(s):	Administrative Co	ntact									
Name			Organization					Jo	b Title		
Zisis Realty LLC											
Mailing Address Line One Mailing Add				ess Line Two				City		State	Zip Code
291 Church St			C/O Alveras				Amsto	n		CT	06231-1403
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email A	Address			
Contact Role(s):	Owner										
Name				Organization					Jo	b Title	
Mr. Alveras Zisis				Zisis Realty LI	LC			Member			
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City		State	Zip Code
713 Middletown Rd							Colche	ster		CT	06315
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	Email /	Address			
Contact Role(s):	Legal Contact										

### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	Public Health	Drinki	ng Wa	ater Se	ction	
		•	oring and Com					
PWS ID	PWS Name	<u> </u>					er Type Primary So	ource
СТ0670184	PARADISE FARMS PL	AZA		NC	2	5	P GW	
Local Addre	ess (where applicable)		Service Residenti	al Comm	ercial In	dustrial	Combined Agricul	ltural
277 CHURC	H STREET		Connections	1				
Towns Serv	ed: HEBRON				1	'	1	
		Monito	oring Requiremen	ts				
Water Sys	tem Facility: DISTRIBU	TION SYSTEM (WSF II	D: 00600)					
Total Coli	form (3100)					1 rou	tine (RT) per qua	rter
Sampl	ing Point (Sampling Point	ID)	Monitorin	g Period	Collecti	on Period	Compliance Sta	itus
Select	from Inventory of Active S	ampling Points	10/1/18 - 1	.2/31/18			Complete	
			1/1/19 - 3	3/31/19				
			4/1/19 - 6					
			7/1/19 - 9	/30/19				
	arameters (PPS)						tine (RT) per qua	
	ing Point (Sampling Point	•	Monitorin		Collecti	on Period	Compliance Sta	itus
Select from Inventory of Active Sampling Points		10/1/18 - 1				Complete		
			1/1/19 - 3					
			4/1/19 - 6					
			7/1/19 - 9	/30/19				
•	tem Facility: ENTRY PC	INT (WSF ID: 00700)						
	nd Nitrite (NOX)						outine (RT) per y	
-	ing Point (Sampling Point	ID)	Monitorin		Collecti	on Period	Compliance Sta	itus
ENTRY	POINT (3)		1/1/18 - 1				Complete	
			1/1/19 - 1	-				
			1/1/20 - 1					
	Wa	iter System Facili	ty and Sampling I	Point In	ventor	у		
Water					Total	Lead and		
-	Water System Facility	Sampling Point			Coliform	Copper		tage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2	DBPR
00600 I	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Y			
			WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
	ENTRY POINT	3	ENTRY POINT	Α				
	WELL	2	WELL	Α				
57160	TREATMENT PLANT							
		Con	tact Information					
Name		Oı	ganization				Job Title	

Paradise Farms Plaza

Mailing Address Line Two

Mobile Phone

P O Box 175

Fax

860-537-1142

Supervisor

State

СТ

Zip Code

06415

City

brcgoldstein@aol.com

Colchester

Emergency Phone Email Address

860-537-7044

Mr. Bruce Goldstein

**Business Phone** 

860-537-7044

151 Broadway

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

(	Connecticut	Depa	rtment	of Public	Healt	h Dri	nking	g Water	Section	
	Wate	r Qua	lity Mon	itoring a	and Co	mplia	ance S	Schedul	e	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT0670184 I	PARADISE FARMS	PLAZA				1	NC	25	Р	GW
Local Address (wh	nere applicable)			Service	Reside	ential Co	ommerci	ial Industri	al Combine	ed Agricultural
277 CHURCH STR	EET			Connection	ons		1			
Towns Served: HE	BRON				'			<u> </u>		1
Name				Organization					Job Titl	е
Pa Commercial LI	LC									
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
P. O. Box 175							Colche	ester	СТ	06415-0175
Business Phone	Extension	Fax	Mo	bile Phone	Emergen	cy Phone	e Email A	Address	1	
Contact Role(s):	Owner									

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End of schedule

	CompostiontD		Duklia I		D.	ئدا مائد	TA	Tak an	Ca	ati an		
	Connecticut De Water Q	epartment of Juality Monit								ction		
PWS ID	PWS Name					sificati				ner Type Pi	imary Sourc	
СТ0670224	ST. PETERS EPISCOPAL	CHURCH				NC		25		Р	GW	
Local Address (\	where applicable)		Service	Residen	tial	Comm	ercial	Industria	al	Combined	Agricultura	
30 CHURCH STR	EET		Connections			1						
Towns Served:	HEBRON		"	1	1						-	
		Monito	oring Requ	iireme	nts							
Water System	Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)									
Total Coliforn	n (3100)							1	rou	tine (RT) ı	er quarter	
	Point (Sampling Point ID)	)		Monitori	ng P	eriod	Colle	ction Per			ance Status	
	n Inventory of Active Sam			10/1/18 -						Co	mplete	
	·			1/1/19 -								
				4/1/19 -								
				7/1/19 -								
Physical Para	meters (PPS)				•			1	rou	tine (RT) ı	er quarter	
•	Point (Sampling Point ID)	)		Monitoring Period Collection Period						Compliance Status		
	n Inventory of Active Sam			10/1/18 -							mplete	
	·			1/1/19 -		•					•	
				4/1/19 -								
				7/1/19 -								
Water System	Facility: ENTRY POIN	IT (WSF ID: 00700)				-						
Nitrate And N	•	,							1 1	routine (R	T) per year	
	Point (Sampling Point ID)	)		Monitori	na P	eriod	Collec	ction Per			ance Status	
ENTRY POI		<u> </u>		1/1/18 -							mplete	
	(-)			1/1/19 -								
				1/1/20 -								
	Wate	er System Facili	tv and Sai			-	vento	orv				
Water			- <b>,</b>	1 0				Lead (	and			
	er System Facility	Sampling Point	Sampling Poi	nt				n Copp			Stage	
Facility ID		ID	Description			Status	Rule			Asbestos	WQP 2 DBP	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α	Υ					
		DOWNSTREAM				Α						
		UPSTREAM	WITHIN 5 SEF			Α						
00700 ENT	RY POINT	3	ENTRY POINT			Α						
10904 WEL		2	WELL			Α						
	DDER TANKS		• ===									
JULUE DEAL		Con	tact Infori	mation								
Name			ganization	Hation						Job Title		
Mr. Austin Mar	ks Ir		. Peter's Episco	nal Chur	ch		C	hairman				

City

marks4@charter.net

Hebrow

Emergency Phone | Email Address

860-428-6503

State

СТ

Zip Code

06248

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

30 Church Street

**Business Phone** 

860-228-3244

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	

	water quarity 1.10	into mg am	u don	upi	ilance t	Ciicaai	.C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0670224	ST. PETERS EPISCOPAL CHURCH				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
30 CHURCH ST	REET	Connections			1			
		·					•	· · · · · · · · · · · · · · · · · · ·

Towns Served: HEBRON

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End of schedule

	Connecticut Department of				U			ction	
	Water Quality Monit	oring and	u Con	ıpı	nance 5	cneau	le		
PWS ID	PWS Name			Cla	ssification	Population	Owr	ner Type	Primary Source
CT0670234	TALLWOOD COUNTRY CLUB				NC	25		Р	GW
Local Address (	where applicable)	Service	Resider	itial	Commercia	al Industri	ial	Combine	d Agricultural
91 NORTH STRE	ET	Connections			1				

Towns Served: HEBRON			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Cor	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

CROSS CO	NNECTION EXEMPTION			3/1/2016				
	١	<b>Nater System Facili</b>	ity and Sampling	g Point II	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A				
		UPSTREAM	WITHIN 5 SERVICE CC	N A				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21147	WELL 1	2	WELL	Α	·	·	·	

54025 TALLWOOD COUNTRY CLUB TREATMENT SYSTEM

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Michael McDei	rmott			Twin Hills Co	untry Club		Owner		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
91 North St						Hebron		СТ	06248
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-646-1151		860-646-7	7357		860-871-0326				

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	Connecticu	it Depa	rtment of	Public	Health	Dri	iking	Water	Section	
	Wat	er Qual	lity Monite	oring ar	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0670234	TALLWOOD COU	NTRY CLUB				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmerci	al Industri	al Combine	d Agricultural
91 NORTH STREE	Т			Connection	S		1			
Towns Served: H	EBRON							,		
Contact Role(s):	Administrative (	Contact, Leg	al Contact, Own	er						
Name			Or	ganization					Job Title	<u> </u>
McDermott Prop	erties LLC									
Mailing Address	Line One		Mailing Address	Line Two				City	State	Zip Code
91 North St							Hebror	1	СТ	06248
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Owner									

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End of schedule

	Con		ut Depa ter Qual									ection	
			ter Qua	iity iv.	IOIIIU	.01 IIIg a	na con						_
PWS ID	PWS I							Cla	ssificati				Primary Source
СТ0670244		N OFFICE B	UILDINGS						NC		25	Р	GW
Local Addre		applicable)				Service	Residen	tial	Comm	ercial I	ndustrial	Combined	d Agricultural
15 GILEAD S						Connectio	ns		1				
Towns Serve	ed: HEBRO	N											
							quireme	nts	<b>;</b>				
Water Syst	em Facilit	y: DISTR	IBUTION SY	YSTEM	(WSF I	D: 00600)							
<b>Total Colif</b>	orm (310	00)									1 ro	utine (RT)	per quarter
Sampli	ng Point (S	Sampling P	oint ID)				Monitori	ng P	Period	Collec	tion Period	d Comp	liance Status
Select f	from Inven	tory of Act	ve Sampling	Points			10/1/18 -	12/	31/18			С	omplete
							1/1/19 -	3/3	1/19			С	omplete
							4/1/19 -	6/3	0/19				
							7/1/19 -	9/3	0/19				
Physical Pa	arameter	s (PPS)									1 ro	utine (RT)	per quarter
Sampli	ng Point (S	Sampling P	oint ID)				Monitori	ng P	Period	Collec	tion Period	d Comp	liance Status
Select f	from Inven	tory of Act	ive Sampling	Points			10/1/18 -	12/	31/18			С	omplete
							1/1/19 -	3/3	1/19			С	omplete
							4/1/19 -	6/3	0/19				
							7/1/19 -	9/3	0/19				
Water Syst	em Facilit	y: ENTR	Y POINT (W	VSF ID:	00700)								
Nitrate An	d Nitrite	(NOX)									1	routine (	RT) per year
Sampli	ng Point (S	Sampling P	oint ID)				Monitori	ng P	Period	Collec	tion Period	d Comp	liance Status
ENTRY	POINT (3)						1/1/18 -	12/3	31/18			С	omplete
							1/1/19 -	12/3	31/19				
							1/1/20 -	12/3	31/20				
			Water Sy	/stem	Facili	ity and S	ampling	Po	int In	vento	ry		
Water										Total	Lead and	d	
System V	Vater Syste	em Facility		Samplin	g Point	Sampling I	Point			Coliform	Copper		Stage
Facility ID				IE	)	Description	n		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 D	DISTRIBUTION	ON SYSTEM	l	4		DISTRIBUT	ION SYSTEM	l	Α	Υ			
				DOWNS	TREAM	WITHIN 5 S	SERVICE CO	V	Α				
				UPSTR	REAM	WITHIN 5 S	SERVICE CO	V	Α				
00700 E	NTRY POIN	ΝT		3		ENTRY POI	NT		Α				
21148 V	VELL			2		WELL			Α				
					Con	tact Info	rmation	)					
Name					0	rganization						Job Title	
Mr. William	A. Bell				To	own of Hebr	on						
Mailing Add	ress Line C	ne		Mailing	Addres	s Line Two				(	City	State	Zip Code
15 Gilead St									Hel	bron		СТ	06248
Business P	hone E	xtension	Fax		Mobi	ile Phone	Emergency	Pho	one Em	ail Addre	ess		

860-918-0937

dlanza@hebronct.com

860-228-5971

133

Contact Role(s): Administrative Contact

860-228-4859

	Wat		lity Monit				C	,		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0670244	TOWN OFFICE BU	JILDINGS				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
15 GILEAD STREE	Т			Connection	ns		1			
Towns Served: H	EBRON									
Name			0	rganization					Job Title	9
Hebron										
Mailing Address	Line One		Mailing Addres	s Line Two				City	State	Zip Code
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Legal Contact, C	wner								

Constant Description of D. Elis Hardle D. Alias Water Contin

#### Elegal Contact, Civi

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public F	lealth	Dr	inkind	σW	ater	Se	ction	
	Water Quality Mo				`	_			ction	
PWS ID	PWS Name	intornig air	u Con	-		1			or Type [	Primary Source
CT0670284	TWIN LAKES CAFE			Clas	NC	-	25	OWI	P P	GW
	where applicable)	Service	Resider	ntial	Commerc		ndustria	اد	Combined	
544 CHURCH S		Connections	Resider	itiai	1	101 11	iuustiit	ai .	Combined	Agricultura
Towns Served:										
Towns Serveur		nitoring Requ	iireme	nts						
Water System	n Facility: DISTRIBUTION SYSTEM (W			.1163						
Total Colifor							1	rou	tine (RT)	per quarter
	Point (Sampling Point ID)		Monitor	ina P	eriod (	Collect	ion Per			iance Status
	m Inventory of Active Sampling Points		10/1/18							omplete
	, , ,		1/1/19		-					<u>'</u>
			4/1/19							
			7/1/19	- 9/30	0/19					
Physical Para	ameters (PPS)						1	rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing P	eriod (	Collect	tion Per	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points	_	10/1/18	- 12/3	31/18				Co	omplete
			1/1/19	- 3/31	1/19					
			4/1/19							
			7/1/19	- 9/30	0/19					
Water System	n Facility: ENTRY POINT (WSF ID: 007	700)								
	Nitrite (NOX)							1 ו	<del>-</del>	RT) per year
	Point (Sampling Point ID)		Monitor			Collect	tion Per	riod	Compl	iance Status
ENTRY PO	INT (3)		1/1/18 -						Co	omplete
			1/1/19 -							
			1/1/20 -	12/3	1/20					
Water System	n Facility: WELL (WSF ID: 21151)									
E. Coli (3014	•									per quarter
	Point (Sampling Point ID)		Monitor			Collect	tion Per	riod		iance Status
WELL (2)			10/1/18		-				Co	omplete
			1/1/19							
			4/1/19							
			7/1/19	- 9/30	0/19					

Other Compliance Scho	edules	
Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2017	

	Wa	iter System Facili	ity and Sampling P	oint Ir	vento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
21151	WELL	2	WELL	Α					
57973	BLADDER TANK								
60789	TREATMENT PLANT								

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0670284	TWIN LAKES CAFE				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
544 CHURCH ST	REET	Connections			1			

**Contact Information** 

Connecticut Department of Public Health Drinking Water Section

Name				Organization	1			Job Title	
Chasabkim Enterpr	ises								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
66 Franklin Avenue						New Brit	ain	СТ	06051
<b>Business Phone</b>	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-522-2879									
Contact Role(s): Le	egal Contact, Ow	ner							
, ,	egal Contact, Ow	ner		Organization	1			Job Title	
Contact Role(s): Le Name Mr. Tom G. Grano	egal Contact, Ow	ner		Organization Twin Lakes C			Business O		
Name Mr. Tom G. Grano			Mailing Addı		Cafe		Business O		Zip Code
Name <b>Mr. Tom G. Grano</b> Mailing Address Lin			Mailing Add	Twin Lakes C	Cafe	Amston		wner	Zip Code
Name			P. O. Box 2	Twin Lakes C	Cafe	Amston	City	wner State	•

#### Please note the following:

Towns Served: HEBRON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	lealth	Dri	nkin	g Wa	ater S	Sec	ction		
		uality Monit					_					
PWS ID	PWS Name		011118 0111	0. 0011			_			er Type F	rimary	Sourc
CT0670334	CHURCH OF THE HOLY F	AMILY				NC		.5		Р	GW	
Local Addre	ess (where applicable)		Service	Residen	tial Co	ommer	cial In	dustrial	(	Combined	l Agric	ultura
185 CHURC	CH STREET		Connections			1						
Towns Serv	ved: HEBRON											
		Monito	oring Requ	iireme	nts							
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
<b>Total Coli</b>	iform (3100)							1 ו	out	ine (RT)	per qu	arter
Samp	ling Point (Sampling Point ID)			Monitori	ng Per	iod	Collecti	ion Peri	od	Compl	iance St	atus
Select	from Inventory of Active Sam	pling Points		10/1/18 -	12/31	/18				C	omplete	
				1/1/19 -	3/31/	19				C	omplete	
				4/1/19 -	6/30/:	19						-
				7/1/19 -								
Physical F	Parameters (PPS)							1 1	out	ine (RT)	per qu	arter
•	ling Point (Sampling Point ID)			Monitori	ng Per	riod	Collecti	ion Peri			iance St	
Select	from Inventory of Active Sam	pling Points		10/1/18 -	12/31	/18				C	omplete	
	·			1/1/19 -							omplete	
				4/1/19 -								
				7/1/19 -								
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
•	nd Nitrite (NOX)	, ,							1 r	outine (	RT) per	vear
	ling Point (Sampling Point ID)			Monitori	na Peri	iod	Collecti	ion Peri		_	iance St	-
	Y POINT (3)			1/1/18 -							omplete	
	(0)			1/1/19 -								
				1/1/20 -								
		Other Co	ompliance									
Compliance	e Schedule Activity		•		Due Do			Achiev	ed D	)ate		
-	SURVEY PROGRESS REPORT			2	2/5/20	06						
CROSS CON	NNECTION EXEMPTION				3/1/20							
		er System Facili	ty and Sar				entor	ν				
Water			c, and car	9			Total	Lead a	nd			
	Water System Facility	Sampling Point	Samplina Poi	nt			liform	Coppe				Stage
Facility ID		ID	Description		C+		Rule			Asbestos		
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ					
<del>-</del>	<del> </del>	DOWNSTREAM				A						
		UPSTREAM	WITHIN 5 SER			A						
00700	ENTRY POINT	3	ENTRY POINT			<u>, А</u>						
	WELL	2	WELL			A						
			tact Inforr	nation								
Name			rganization							Job Title		
Mr. Michae	el S Smith		nurch of The H	oly Family	,		Pas	tor				
	dress Line One	Mailing Address		,,			Ci			State	Zip Co	ode
		9						*				

Mobile Phone

Hebron

Emergency Phone | Email Address

CT

06248

P. O. Box 146

**Business Phone** 

860-228-0096

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-228-1629

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

Local Address (where applicable)  Service Residential Commercial Industrial Combined Agric		Tracer quarty From	u 0011	TP.	idiioo t	onoau				
Local Address (where applicable)  Service Residential Commercial Industrial Combined Agric	PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary So	urce
	CT0670334 CHURCH OF THE HOLY FAMILY					NC	25	Р	GW	
Compostions	Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricult	ural
185 CHURCH STREET Connections 1	185 CHURCH STREET		Connections			1				

Towns Served: HEBRON

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public F	lealth	Drinl	ring \	Water	Sect	tion	
		Quality Monit				_				
PWS ID	PWS Name	<u> </u>	0 8	0. 0011					r Type Pr	rimary Source
СТ067036	4 BLACKLEDGE EAST LLC				NC		25	F		GW
Local Addr	ress (where applicable)		Service	Residen	tial Com	mercial	Industria	al Co	mbined	Agricultural
171 WEST	STREET		Connections			1				
Towns Ser	ved: HEBRON		-				1			
		Monito	oring Requ	uireme	nts					
Water Sy	stem Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)							
Total Col	liform (3100)						1	routii	ne (RT) p	per quarter
Samp	oling Point (Sampling Point ID	)		Monitori	ng Period	l Col	lection Per	riod	Compli	ance Status
Selec	t from Inventory of Active San	npling Points		10/1/18 -	12/31/1	8			Co	mplete
				4/1/19 -	6/30/19					
				7/1/19 -	9/30/19					
-	Parameters (PPS)						1	routi		per quarter
	oling Point (Sampling Point ID	•		Monitori			lection Per	riod		ance Status
Selec	t from Inventory of Active San	npling Points		10/1/18 -		8			Со	mplete
					6/30/19					
Motor C.	store Fosility FAITDY DOIA	IT (MCE ID: 00700)		7/1/19 -	9/30/19					
	stem Facility: ENTRY POIN	VI (WSF ID: 00700)						4		-\
	And Nitrite (NOX)	ı.		Monitori	na Douisa	ı Cal	lastian Da		=	T) per year
_	oling Point (Sampling Point ID	)		Monitori			lection Per			ance Status
ENIK	Y POINT (3)			1/1/18 -			4/1-12/31 4/1-12/31			mplete
				1/1/20 -			4/1-12/31			
		Othor C	omoliones				4/1-12/31			
		Other Co	ompliance					- 1 -		
	ce Schedule Activity				Due Date		Achie	ved Da	ite	
CROSS CO	NNECTION SURVEY REPORT				3/1/2019					
	Wate	er System Facili	ty and Sai	mpling	Point					
Water	Markey Contains English	Committee Delast	Communities or Day			Tota				
System Facility ID	Water System Facility	Sampling Point ID	Description	nt		Colifo Rul			chestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N CVCTENA	Statu A	<u>is Kui</u> Y	e naie	TICI A	3003103	WQI ZDDIK
00000	DISTRIBUTION STSTEM	DOWNSTREAM								
		UPSTREAM	WITHIN 5 SEF							
00700	ENTRY POINT	3	ENTRY POINT		A					
22813	WELL #1	2	WELL #1		A					
22013	***************************************			matica						
	Contact Information									

22813 WELL #1	=		2	WELL #1	ļ.	4				
			(	Contact Inf	formation					
Name				Organization	n			Job Title		
Mr. William E. And	erson			Blackledge C	Country Club Inc.	Manager				
Mailing Address Line One Mailing Add			dress Line Two	1		City	State	Zip Code		
180 West Street						Hebron		СТ	06248	
<b>Business Phone</b>	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	mail Address			
860-228-1044						Bill@bla	ckledgecc.com			
Contact Role(s): A	dministrative	Contact. Leg	al Contact			•	•			

(	Connecticut	: Depa	artment (	of Pu	blic I	Health	Dri	nking	g Water	Section		
	Wate	r Qua	lity Mon	itorii	ng an	id Con	nplia	ince S	Schedul	.e		
PWS ID	PWS Name						Classi	fication	Population	Owner Type	Prim	ary Source
СТ0670364	BLACKLEDGE EAST	LLC					ſ	١C	25	Р		GW
Local Address (w	here applicable)			Serv	rice	Residen	Residential Cor		ial Industri	al Combine	ed A	gricultural
171 WEST STREE	Т			Connections		5		1				
Towns Served: H	EBRON								'			
Name			Organization Job Title					5				
Blackledge East I	.LC											
Mailing Address	Line One		Mailing Addr	ess Line	Two				City	State	Zi	ip Code
180 West Street								Hebro	n	СТ	062	248-1257
Business Phone	e Extension	Fax	Mo	bile Pho	one E	mergency	Phone	Email A	Email Address			
Contact Role(s):	Owner				·						-	

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End of schedule

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source									
CT0672044	TOWN OF HEBRON EAST STREET PARK			NC 37		L	GW			
Local Address (	Local Address (where applicable)  Service Residential Commercial Industrial Combined Agricultura									
150 EAST STRE	ET	Connections			3					
Towns Served:	HEBRON				,					
Monitoring Requirements										

Towns Served: HEBRON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Compl	iance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

CROSS CONNECTION SURVEY REPORT		3/	1/2015			
Publ	ic Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>stification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
E. Coli	10/1/18 - 12/31/18	3	2/11/2020	3/28/2019	2/21/2020	3/28/2019

Wat	er System Facili	ty and Sampling P	oint Ir	ventor	У		
				Total	Lead and		
Water System Facility	Sampling Point			Coliform	Copper		Stage
	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	MW001	PAINT SHOP SINK	Α	Υ	3	Υ	
	MW002	MENS ROOM	Α	Υ	3		
	MW003	WOOD SHOP SINK	Α	Υ	3		
	MW004	MAIN GARAGE SINK	Α	Υ	3		
	MW005	LADIES ROOM	Α	Υ	3		
	MW006	KITCHEN SINK	Α	Υ			
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
ENTRY POINT	3	ENTRY POINT	Α				
	Water System Facility  DISTRIBUTION SYSTEM	Water System Facility DISTRIBUTION SYSTEM  4 DOWNSTREAM MW001 MW002 MW003 MW004 MW005 MW006 UPSTREAM	Water System Facility  Distribution system  4 Distribution system  DOWNSTREAM WITHIN 5 SERVICE CON  MW001 PAINT SHOP SINK  MW002 MENS ROOM  MW003 WOOD SHOP SINK  MW004 MAIN GARAGE SINK  MW005 LADIES ROOM  MW006 KITCHEN SINK  UPSTREAM WITHIN 5 SERVICE CON	Water System Facility  Description  A  DISTRIBUTION SYSTEM  A  DOWNSTREAM  MW001  PAINT SHOP SINK  A  MW002  MENS ROOM  A  MW003  WOOD SHOP SINK  A  MW004  MAIN GARAGE SINK  A  MW005  LADIES ROOM  A  MW006  KITCHEN SINK  A  UPSTREAM  WITHIN 5 SERVICE CON  A	Water System Facility  Sampling Point ID  Description  A  DISTRIBUTION SYSTEM  A  DOWNSTREAM  MW001  PAINT SHOP SINK  A  Y  MW002  MENS ROOM  A  Y  MW003  WOOD SHOP SINK  A  Y  MW004  MAIN GARAGE SINK  A  Y  MW005  LADIES ROOM  A  Y  MW006  KITCHEN SINK  A  Y  UPSTREAM  WITHIN 5 SERVICE CON  A	Water System Facility DISTRIBUTION SYSTEM  4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A MW001 PAINT SHOP SINK A Y 3 MW002 MENS ROOM A Y 3 MW003 WOOD SHOP SINK A Y 3 MW004 MAIN GARAGE SINK A Y 3 MW005 LADIES ROOM A Y 3 MW006 KITCHEN SINK A Y 3 MW006 KITCHEN SINK A Y 3 MW006 KITCHEN SINK A Y 3	Water System Facility Description  A DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A MW001 PAINT SHOP SINK A Y 3 MW002 MENS ROOM A Y 3 MW003 WOOD SHOP SINK A Y 3 MW004 MAIN GARAGE SINK A Y 3 MW005 LADIES ROOM A Y 3 MW005 LADIES ROOM A Y 3 MW006 KITCHEN SINK A Y 3 MW006 KITCHEN SINK A Y 1 MW006 KITCHEN SINK A Y MY006 KITCHEN SINK A MY006 KITC

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0672044	TOWN OF HEBRON EAST STREET PARK			NC	37	L	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
150 EAST STREE	Т	Connections		3			

Towns Served: HEBRON

	Wa	ter System Facili	ty and Samplin	g Point In	iventoi	γ			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
56384	WELL 101	2	WELL 101	Α					
56386	WELL 102	2	WELL 102	Α					
56390	ATMOSPHERIC TANK								
56392	BLADDER TANKS								
56394	PUMP STATION								
56396	TREATMENT PLANT								

Contact Information										
Name					Organization		Job Title			
Mr. Richard J. Calarco					Town of Heb	ron		Director P & R		
Mailing Address Line One Mailing Addr				Addr	ess Line Two		City		State	Zip Code
15 Gilead Street							Hebron		CT	06248
Business Phone	Extension	Fax		Mo	bile Phone	Emergency Phone	Email Ad	il Address		
860-530-1281		860-228-4	1859			860-335-6260	rcalarco	calarco@hebronct.com		

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name						fication Population		Primary Source
CT0672064	D672064 THE WORSHIP CENTER						Р	GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
99 MARJORIE C	RCLE	Connections					1	

Towns Served: HEBRON

Requirements								
00)								
	1 routine (RT) per quarter							
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
10/1/18 - 12/31/18								
1/1/19 - 3/31/19								
4/1/19 - 6/30/19								
7/1/19 - 9/30/19								
	1 rout	utine (RT) per quarter						
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
10/1/18 - 12/31/18								
1/1/19 - 3/31/19								
4/1/19 - 6/30/19		Complete						
7/1/19 - 9/30/19								
	1 r	outine (RT) per year						
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
1/1/18 - 12/31/18								
1/1/19 - 12/31/19		Complete						
1/1/20 - 12/31/20								
	Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18	1 rout  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Collection Period  1/1/19 - 12/31/18  1/1/19 - 12/31/18  1/1/19 - 12/31/18						

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/11/2020		2/21/2020					
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	2/11/2020		2/21/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/11/2020		2/21/2020					

#### **Water System Facility and Sampling Point Inventory** Water Total Lead and **Water System Facility** Sampling Point Sampling Point System **Coliform** Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule **Status** 00600 DISTRIBUTION 4 **GENERIC DISTRIBUTION** Υ DOWNSTREAM 5 SERVICE CONNECTION Υ Α **5 SERVICE CONNECTION UPSTREAM** Α Υ 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 61150 W/FII W/FII

01130 WELL				VVELL		٠				
				Contact Info	ormation					
Name				Organization		Job Title				
Reverend Mark Sar	ntostefano	The Worship	Center		Pastor					
Mailing Address Line One Mailing Addr				ddress Line Two	ress Line Two			State	Zip Code	
P.O. Box 1435 39 Prentice F				ce Hill Road	Hill Road He			СТ	06248	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
000 220 4442						sh				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section														
Water Quality Monitoring and Compliance Schedule														
PWS ID	PWS Name							ication P	opulation	Owner Type Pr		Primary Source		
CT0672064	THE WORSHIP CENTER							С	25	Р		GW		
ocal Address (w	Service	Residen	tial Co	mmercial	Industri	al Co	mbined	d Agricultural						
99 MARJORIE CIRCLE					Connection	ns					1			
Γowns Served: Η	IEBRON					·								
860-228-4442	860-228-4442							theworshipcenter.hebron@gmail.com						
Contact Role(s):	Owner													
Name				Or	ganization			Job Title						
Mr. Tim Casey				Th	e Worship C	Center								
Mailing Address	Line One		Mailing Ad	ddress	Line Two				9	State	Zip Code			
39 Prentice Hill F	Road							Hebron CT		06248				
Business Phone	e Extension	Fax		Mobile	Mobile Phone Emergency Phone Email Address									
860-428-9145	;							mhenterprise7@aol.com						
Contact Dolo/s).	Administrativo	Contact Ow	nor					•						

Contact Role(s): Administrative Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule